S. No. 300
v. 10.48

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

STANDARD CERTIFICATE OF DEATH

State File No. 27324

FILED SEP 8 - 1952

BIRTH NO. _____ REG. DIST. NO. 43 PRIMARY REG. DIST. NO. 3001 Registrar's No. 396

1. PLACE OF DEATH
a. COUNTY: Butler
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Poplar Bluff
c. LENGTH OF STAY (in this place): 13 hrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Poplar Bluff Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Stoddard
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural Richland Tsp. Tr 30
d. STREET ADDRESS (If rural, give location): Essex Mo R#2 1

3. NAME OF DECEASED (Type or Print)
a. (First): Jesse
b. (Middle): Vernon
c. (Last): Rodgers

4. DATE OF DEATH (Month) (Day) (Year): Aug. 20 1952

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Child
8. DATE OF BIRTH: Apr. 18 1946
9. AGE (In years last birthday): 6
IF UNDER 1 YEAR: Months 4 Days 2
IF UNDER 24 HRS.: Hours ___ Min. ___
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): 0
10b. KIND OF BUSINESS OR INDUSTRY: 0
11. BIRTHPLACE (State or foreign country): Mo.
12. CITIZEN OF WHAT COUNTRY?: USA

13a. FATHER'S NAME: John Rodgers
13b. MOTHER'S MAIDEN NAME: Freda Powell
14. NAME OF HUSBAND OR WIFE: —

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: —
17. INFORMANT'S SIGNATURE OR NAME: John Rodgers
ADDRESS: Essex Mo

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Generalized Peritonitis — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Ruptured Appendix
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION: 5501
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour):
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* 8-20, 1952, *to* 8-20, 1952, *that I last saw the deceased alive on* 8-20, 1952, *and that death occurred at* 7:55 a m., *from the causes and on the date stated above.*

23a. SIGNATURE: W. Henniken, M.D. (Degree or title)
23b. ADDRESS: Poplar Bluff, Missouri
23c. DATE SIGNED: 8/26/52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Aug 21 1952
24c. NAME OF CEMETERY OR CREMATORY: Puxico
24d. LOCATION (City, town, or county) (State): Puxico Mo

DATE REC'D BY LOCAL REG.: 8-27-52
REGISTRAR'S SIGNATURE: Wm. H. Johnson 42 8
25. FUNERAL DIRECTOR'S SIGNATURE: Floyd Morgan
ADDRESS: Puxico Mo

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
SEP 4 1952
BUTLER CO. HEALTH CENTER
FILE No. 952-433

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by ....., Student Embalmer No. ....., working under my personal supervision.

Student .....
Student Embalmer

Signed William H Morgan

Licensed Embalmer No. 4640

P. O. Address Advance, Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.